

EXHIBIT C



For Consumer or Employment cases, please visit www.adr.org for appropriate forms.

You are hereby notified that a copy of our arbitration agreement and this demand are being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide notice of your opportunity to file an answering statement.

Name of Respondent: VetPharm, Inc.

Address: 349 West Commercial Street Suite 2200

City: East Rochester

State: New York

Zip Code: 14443

Phone No.: 585.249.1090

Fax No.: 585.249.1091

Email Address: dday@vetpharm.com

Name of Representative (if known): Douglas Foss

Name of Firm (if applicable): Harris Beach PLLC

Representative's Address: 99 Garnsey Road

City: Pittsford

State: New York

Zip Code: 14534

Phone No.: 585.419.8612

Fax No.: 585.419.8801

Email Address: dfoss@harrisbeach.com

The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

Brief Description of the Dispute:

NewMarket hired VetPharm to monitor clinical studies related to an animal pharmaceutical and to prepare a written report. VetPharm terminated the Agreement before completing the study or preparing any reports. NewMarket seeks recovery off all monies paid to VetPharm and any remedies entitled to in under the Parties Agreement or otherwise.

Dollar Amount of Claim: \$ 1,758,000+

Other Relief Sought: ☒ Attorneys Fees ☒ Interest ☒ Arbitration Costs ☒ Punitive/Exemplary

☒ Other: Early Termination Charges as defined by the Parties' Agreement.

Amount enclosed: \$ 0 (Administrative Fees Hardship Waiver Claimed)

In accordance with Fee Schedule: ☐ Flexible Fee Schedule ☐ Standard Fee Schedule

Please describe the qualifications you seek for arbitrator(s) to be appointed to hear this dispute:

NewMarket requests that the arbitrator have knowledge of pharmaceutical product development, clinical trial management, clinical research organizations, FDA regulations and electronic data capture.

Hearing locale: Trenton, NJ

(check one) ☒ Requested by Claimant ☐ Locale provision included in the contract

Estimated time needed for hearings overall:

hours or 2

days



Type of Business:		
Claimant: NewMarket Pharmaceuticals LLC		Respondent: VetPharm, Inc.
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other? No		
Signature (may be signed by a representative): /s/ Robert M. Pollaro		Date: February 12, 2019
Name of Claimant: NewMarket Pharmaceuticals LLC		
Address (to be used in connection with this case): 4 Pitcairn Avenue Suite 4		
City: Trenton	State: New Jersey	Zip Code: 08628
Phone No.: 908.252.9600	Fax No.:	
Email Address: mridall@newmarketpharma.com		
Name of Representative: Robert M. Pollaro		
Name of Firm (if applicable): Cadwalader Wickersham & Taft LLP		
Representative's Address: 200 Liberty Street		
City: New York	State: New York	Zip Code: 10281
Phone No.: 212.504.6000	Fax No.: 212.504.6666	
Email Address: robert.pollaro@cwt.com		
To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100 Voorhees, NJ 08043. At the same time, send the original Demand to the Respondent.		